EN	TR	Υ	BL	Α	N	K
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PLEASE TYPE	OR PRINT	Entered prev	ious May Show
		ves	no no
Ms.	P		
☐ Mr. Artist_	DETTE	K. DRAI	E
Permanent		~41	(Last Name Last)
Address	03 W.	1/0 TH ST.	CLEVELAND
S	treet	1 = 1	City
47102	Tel. (2/6)	651-62	.47
Zip	Area Code		
Temporary or			
Studio Address			Cian
	Street Tel. (١	City
7:		1	
Zip	Area Code		
If you do not p	presently live in	one of the cour	nties of the
Western Reserv	e, which county	/ were you borr	n in?
Collaborator			
	(If Any)		
If May Show e	ntries are not ac	cepted or not s	old:
Artist will	pick up at Muse	um.	
☐ Museum sh	nould dispose of		
	nould ship to art		is address:
Special Instruc	tions		
When necessar	y include below	instructions or	a drawing of
how the object	t is to be assemb	oled and display	ed

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature.

> DO NOT DETACH